

TOWN OF DAVIE PARKS AND RECREATION DEPARTMENT REGISTRATION FORM

MAIL IN REGISTRATIONS:Parks & Recreation Office:6901 Orange Dr. Davie, FL 33314954-797-1145ON SITE REGISTRATION:Davie Pine Island Fitness & Aquatics Center:3800 SW 92 Ave954-327-3928ON SITE REGISTRATION:Davie Pine Island Multipurpose Ctr:3801 South Pine Island Rd954-327-3941

CURRENT UTILITY BILL IS REQUIRED FOR ALL RESIDENTS AT EACH REGISTRATION

REVISED 12/16/07	1 OK TILL KLO		15110111011		
PARTICIPANTS NAME		ACTIVITY & FEE			
			YOUTH SPORTS		
Last First	MI	☐In House Baseball ☐Travel Baseball	Resident \$110 Resident \$400	Non-Resident Non-Resident	\$40
☐ Male ☐ Female		☐Youth Basketball☐In-Line Hockey	Resident \$100 Resident \$110	Non-Resident Non-Resident	
		Girls Fast Pitch Softball	Resident \$110	Non-Resident	
Address:		— Girls Fall Softball	Per Team	\$665	Φ. 2. 0.
City State	Zip Code	☐Girls Travel Softball☐In House Soccer	Resident \$200 Resident \$110	Non-Resident Non-Resident	
		Travel Soccer	Resident \$740	Non-Resident	\$74
		5 on 5 Soccer	Resident \$80	Non-Resident	
WOIR FIIOIle.		Football (Flag) _ Football (Tackle)	Resident \$100 Resident \$145	Non-Resident Non-Resident	
Date of Birth:	Age:	Cheerleading (Flag)	Resident \$65	Non-Resident	
	-	Cheerleading (Tackle)	Resident \$65	Non-Resident	\$100
In case of emergency call:		<u>ADULT SPORTS</u>			
		☐Adult Softball	Per Tea	ım \$680	
Name	Phone	Adult Football (Flag)	Per Tea	ım \$680	
agreetien Activity		FOI	FOR OFFICE USE ONLY		
Recreation Activity		Registration Fee Paid Check #			
Location		— Check #	Cash	/isa M/C_	
	etc.)	Received By (Please Print): _			
FLDL#					
All refunds are subject	to a \$10.00 administrative fo	ee. <u>Fees subject</u>	to change with	nout notice	
"SMOKING POLICY" (Town C	Ordinance #2003-13): Smoking is limited to		ks conducting sports	programs/events.	
The Davie Parks and Regression D	epartment reserves the right to dismiss	our cooperation.	programs or facilities	for behavior that	t ic
	cilities. This includes, but is not limite				
THIS AGREEMENT WAI	GENERA VES LEGAL RIGHTS, PLEASE CO	L RELEASE DISULT AN ATTORNEY IF Y	OU HAVE ANY (QUESTIONS.	
	ANT and/or his guardian, in considerate on while attending any event, scheduled			vision for providi	ng
Assume all risk of possible Town with any other person	damage or injury involved through parn or entity.	ticipation in any activity planned	by the Town or coor	dinated by the	
3) Agree to release, indemnify	cipate in the activity with full knowled, and hold harmless the Town of Davie participation in said activity, including	and/or its departments or agents,			1
 Specifically agree and acknown the Town of Davie and as sappropriate by the Town of 	nowledge that any photos, images or vic uch, the Town shall utilize any and all Davie, including, but not limited to, br dia. No other person or entity shall hav	leos of my child taken during said photos, images or videos taken of ochures, documents, leaflets, pos	my child for any puters, Town Website,	rposes deemed Davie TV and an	
Date		Guardian/Parent's Name	(Please Print)		_